

Commonwealth of Kentucky
Engery and Environment Cabinet
Division for Air Quality
200 Fair Oaks Lane, 1st Floor
Frankfort, Kentucky 40601
(502) 564-3999
FAX (502) 564-4666

APPLICATION FOR ASBESTOS ACCREDITATION

The proper completion and return of this form is required for individual accreditation under 401 KAR 58:005. **To be considered a complete application all requested information must be provided** on this form, and the form must be signed by the individual requesting accreditation and accompanied by the required accreditation fee in the form of a **certified check or money order payable to Kentucky State Treasurer**. Failure to supply accurate information required by the Division to enable it to act upon the application may result in denial of accreditation.

DEP-6038

Rev. 10-08

DIVISION USE ONLY

RECEIPT NUMBER:

ACCREDITATION NUMBER(S):

RECEIVED:

NAME: Mr./Ms.

SOC. SEC. #:

COMPANY NAME:

TELEPHONE: ()

MAILING ADDRESS: _____

Street or P.O. Box

City

State

Zip Code

		Initial	Renewal	Duplicate
ASBESTOS ACCREDITATION DESIRED	Inspector	π	π	π
	Management Planner & Inspector	π	π	π
	Project Designer	π	π	π
	Abatement Supervisor	π	π	π
	Abatement Worker	π	π	π

Initial Accreditation is
\$100.00/discipline except worker
(\$20.00 for worker)

Accreditation Renewal is
\$50.00/discipline except worker
(\$10.00 for worker)

Duplicate Card Request is
\$10.00/card

Fees for accreditation should not be combined in a single check with fees for other programs, such as certification (NESHAP).

Copy of certificate, letter, or other proof, verifying completion of an EPA-approved training course and that a passing [70%] score was achieved on the accompanying test must be attached for each discipline for which you are applying.

I hereby acknowledge that I have read and understand this application and hereby swear or affirm that the contents of this application are true and correct to the best of my belief and knowledge. I acknowledge that I will be subject to the penalties for perjury for false statements contained in this application.

APPLICANT _____
SIGNATURE

DATE